

DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH PO BOX 369
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JON S. CORZINE Governor

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To: Health Officers, Regional Epidemiologists, Hospital Infection Control Practitioners

From: Lisa McHugh, MPH

Influenza Surveillance Coordinator

Date: September 1, 2006

Subject: NJDHSS Pediatric Influenza Surveillance

Surveillance for pediatric cases of influenza was initiated during the 2003-2004 influenza season when several reports of influenza deaths were reported in children. These reports generated concern that children were disproportionately affected by influenza during that season. In response, CDC requested that states increase their efforts to collect and report information on pediatric influenza cases, and influenza-associated pediatric mortality was added to the national reportable disease list. To further assess the burden of influenza-associated severe illness and death in the pediatric population and to gather data that might influence influenza-related policy, the New Jersey Department of Health and Senior Services (NJDHSS) is requesting reports of cases of severe or fatal influenza in hospitalized pediatric patients. Health care providers and facilities should report cases of:

Pediatric patients (i.e., less than 18 years of age) with laboratory confirmed influenza*

AND

Influenza-related deaths (in which there is no period of complete recovery between illness and death);

OR

• Influenza encephalopathy (defined as altered mental status or personality changes in patients lasting more than 24 hours and occurring within 5 days of the onset of an acute febrile respiratory illness);

OR

• Severe illness defined as admission to an intensive care unit for influenza-related illness (in previously health children)

NJDHSS requests that health care providers who identify patients meeting the above criteria complete a case report form available at http://www.state.nj.us/health/flu/CaseReportForm.shtml, within 24 hours of the case-patients discharge or death. Instructions for completing this form are attached and are also available at http://newjersey.gov/health/flu/professionals.shtml. Please note that the link to this form will no longer be available from the NJDHSS website. In order to reach this form, you will need to type in the web address listed above. Reporting may be postponed until the next business day if discharge or death occurs during a weekend. NJDHSS appreciates your cooperation in this surveillance activity. If you have any additional questions about reporting cases, please contact Lisa McHugh or Antonia Farrell at 609-588-7500. Thank you for your assistance.

- Influenza virus isolation in tissue cell culture from respiratory specimens
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens
- Rapid influenza diagnostic testing of respiratory specimens
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera (single serum samples are not interpretable)

^{*}Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and include identification of influenza A or B virus infections by a positive result by at least one of the following methods: